

**Supported Decision Making Agreement**

**Name**

**March 2017**

**A. CONTACT INFORMATION:**

**Name:**

**DOB:**

**Address:**

**Email:** \_\_\_\_\_

**Phone:**

**B. TYPES OF DECISIONS TO BE MADE:**

**I need supporters to help me make decisions about things including:**

- **Taking care of my money, like paying my bills;**
- **My health care, including large and small decisions;**
- **My support services, living arrangements and education; and,**

- **Important documents and mail that I either cannot read or cannot understand.**
- **If I need a lawyer, I will call Vermont Law Help at 1-800-889-2047.**

**C. SUPPORTERS:**

**I designate the following people to be part of my Supported Decision-Making Network to help me make decisions:**

- 1. Pam, Service coordinator at Northeast Kingdom Human Services;**
- 2. Mike, Service coordinator at Northeast Kingdom Human Services; and,**
- 3. Shirley, my aunt.**

**D. TYPE OF SUPPORT:**

**In general, I want my supporters to:**

- **Give me information in a way I can understand;**
- **Discuss the good things and bad things (pros and cons) about one decision or another; and,**
- **Help me express my wishes.**

**In particular, supporters *Pam* and *Mike* have agreed to help me with:**

- **Scheduling medical appointments and giving me rides to them;**
- **Locating and moving to a new apartment;**
- **Managing my money and helping me gain a better understanding of my income and expenses;**
- **Getting educational supports to learn to read and write; and,**
- **Reading and understanding important documents and mail.**

**Supporter *Shirley* has agreed to assist me with:**

- **Understanding medical information and treatment options; and,**
- **Developing my Individual Support Agreement (ISA) with NKHS.**

**I understand that this type of support gives me greater control over decisions, but that it also gives me more responsibility for following through with my team's suggestions.**

**This agreement will be reviewed every three months or as needed, and can be amended by agreement of \_\_\_\_\_ and his supporters.**

**\_\_\_\_\_’s team will come up with some outcomes to help determine what is and is not working with this agreement and will also track progress in the areas set out, above, including for reading/writing, budgeting, and moving.**

**Signed \_\_\_\_\_  
Date**

**Signed: \_\_\_\_\_  
Pamela Date**

**Signed: \_\_\_\_\_  
Michael Date**

**Signed: \_\_\_\_\_  
Shirley Date**